

minutes more she began to breathe, and the respirations rose to twelve per minute; in half an hour we repeated the dose, making in all one-thirtieth of a grain of atropia; and in about fifty minutes from the time of giving her the first injection, she returned to consciousness, and is living now, with a blank in her life of two and a half hours.

"To Prof. Budd is due the credit of suggesting the remedy."

Lactate of Zinc in Epilepsy.—Dr. HART has tried this remedy in combination with belladonna on 240 patients in the Western Lunatic Asylum of Kentucky, all of whom had been affected with epilepsy from three to six years. An improvement took place in all, and in no case did he use it without effectually controlling the paroxysm in from twenty-four to forty-eight hours. His formula was: R.—Zinci lactatis gr. xxx; ext. belladonna gr. viii. M. ft. pil. x. S.—One before each meal.—*Humboldt Med. Archives*, Aug. 1868.

Chlorosis a Disease of the Nervous System.—Dr. WM. A. HAMMOND maintains (*Quart. Journ. Psycholog. Med.*, July, 1868) that chlorosis is primarily and essentially a disease of the nervous system, and that the changes which sometimes—by no means invariably—take place in the composition of the blood, are consequences of the nervous disorders, and not its causes.

"I do not contend," he says, "for the invariable occurrence of chlorosis without depravation of the blood. I insist, however, upon the point that chlorosis is a disease of the nervous system, and that when morbid changes take place in the blood during its continuance, they are always secondary and directly the consequence of the nervous derangement, and that therefore they are nothing more than accompaniments of the chlorotic condition; also that frequently chlorosis runs its course without any of the symptoms of pathological changes in the blood being manifested. In the enunciation of this opinion I claim nothing on the score of originality. . . . I merely wish to present the view more connectedly and prominently than has yet been done."

Removal of a Portion of the Inferior Maxilla for a Fibro-Cartilaginous Tumour.—Dr. WM. H. DAVIES, Assistant Surgeon to California State Woman's Hospital, relates (*California Medical Gazette*, September, 1868) an interesting case of this:—

"I. S., æt. 10, was brought by his parents to consult me about a tumour involving a portion of the right half of the inferior maxilla. The tumour had been correctly pronounced by several surgeons to be fibro-cartilaginous; but the point to be determined was, the operation necessary for its removal—whether the tumour could be removed without taking with it any portion of the maxilla. I advised the removal of the tumour, and a portion of the maxilla, to which they readily agreed; and two days after, the patient being under the influence of chloroform, I proceeded to perform the operation advised by Mr. Syme, by making an incision downwards from the angle of the mouth, thence along the tumour to the extent of about six inches. Having carefully separated the flap from the tumour, I extracted two teeth, so as to permit of the more easy division of the bone, and having partly sawed through the jaw, completed the division with strong cutting pliers, and having turned the bone outwards and separated its connection with the muscles and mucous membrane of the mouth completed the operation.

"I then lightly plugged the cavity with lint, brought the ends of the divided maxilla as nearly in line as possible, by strong silver wire attached to the teeth, and carefully approximated the edges of the wound by silver sutures; applied a bandage, which I ordered to be kept constantly wet, over the whole line of incision. The patient was fed by means of a tube and nutrient enemata. The sutures were removed on the sixth day, and by the tenth I had the satisfaction of seeing complete union of the entire wound. On the twenty-first day I allowed him to go home, and I did not again see him for about five weeks, when I found the space between the ends of the bone nearly filled up by a tough semi-tendinous structure, and the whole jaw tolerably firm. I did not see him again for three months, when he presented himself, a perfect picture of good health, the side operated on being of rather a better shape than the sound one; but, on opening

his mouth, I was greatly surprised to find in the centre of the new structure a perfectly formed tooth. For this I can by no means account. The portion of maxilla was completely removed, not even a piece of periosteum being left. Whence, then, the tooth? I have not been able thus far to hear of any similar case. Up to the present time, the boy remains perfectly well, using the right as freely as the left side, and employs the new tooth as a means of mastication.

Treatment of Stricture of the Urethra.—Dr. JAMES R. WOOD, in a discussion on this subject at the Medical Society of the county of New York, said some denied the occurrence of stricture of the prostatic portion of the urethra, but “the records of Bellevue Hospital would show that, within two years, he had met with three cases, upon all of which he had successfully operated. These strictures were all three traumatic; he had never seen prostatic stricture from gonorrhœa, and it was very rare from any cause.

“Internal urethrotomy he had often performed, and would do it again, within three inches of the external orifice; and deeper than this, if he could introduce Civiale’s instrument beyond the stricture, so as to cut outwards. But to cut in the opposite direction a stricture too deeply seated to be under the control of the thumb and finger he deemed very hazardous.

“The ‘medical surgery’ of stricture was too little regarded. A patient would come into hospital passing his urine *guttatim*; he would put him on his back; apply a poultice to the hypogastrium; an ointment of belladonna or stramonium to the perineum; insert an opiate suppository in the rectum; inject warm oil into the urethra. Presently the oil would flow into the bladder; and, with no surgical manipulation, the man would pass a stream, say as large as a knitting-needle. Of late he had added a little carbolic acid to the sweet oil, having been led to do so by its happy effect on urethritis. Carbolic acid in combination with glycerine he had used in the treatment of clap, with the best results. The medical treatment, then, must not be forgotten. Many a poor fellow had had his bladder punctured, and within forty-eight hours afterwards sent a tolerably good stream through the natural channel.

“In conclusion, Dr. Wood described an operation which he had for some years been performing, and of which he had seen no mention in the practice of other surgeons. Cutting down, after Syme’s plan—a staff being fixed at the distal end of the stricture, and a slender bougie being also, if possible, passed into the bladder—he had found that, as he approached the urethra by slow and cautious dissection through the fibrinous deposit, the stricture would gradually yield, until, without entering the canal or wounding the mucous membrane, he could by degrees press the staff on towards the bladder. This mode of relieving the stricture answered to the operation for strangulated hernia without opening the sac. He had repeatedly performed it successfully; he had also repeatedly failed, and been obliged to cut into the urethra, as would always be the case in traumatic stricture, or in idiopathic where the mucous membrane was much diseased. But it was always worth trying, for, where applicable, it offered the great advantage of rendering urinary infiltration an impossibility. And to such infiltration and the pyæmia consequent upon it were to be ascribed most of the fatal results of perineal section.”—*Med. Record*, Dec. 1, 1868.

Aspermatism.—Prof. W. H. VAN BUREN records (*New York Med. Journ.*, Nov. 1868) a very curious case of this. The subject of it was “a spare-built, undersized man, but healthy and strong, and very straightforward and truthful in his manner. He complained of the occurrence, at intervals of from two to six weeks, of erotic dreams, attended by profuse seminal emissions, and followed by a sense of weakness; also, of the escape of a ‘clotted glutinous fluid’—evidently seminal—from the urethra after passing water, about every other day, and most noticeably in the morning on rising. Now comes the curious feature of the case: He had never been able, in sexual intercourse, or in any other way, to bring about the venereal orgasm, or to provoke a discharge of seminal fluid. He had prolonged the effort, on many occasions, to the full extent that his strength would permit, but with no result. At present he experiences no pleasure in the sexual act, rather a feeling of disappointment, indulging (if this